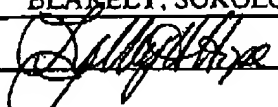





<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application No.	09/893,177	
	Filing Date	June 27, 2001	
	First Named Inventor	Michael S. Ripley	
	Art Unit	2134	
	Examiner Name	Ho, Thomas M.	
Total Number of Pages in This Submission	16	Attorney Docket Number	42390P11151

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Certificate of mailing and the RCE transmittal</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Libby H. Hope, Reg. No. 46,774 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	9-28-05

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Libby H. Hope	Date	September 28, 2005
Signature			

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<h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">for FY 2005</h2> <p style="text-align: center;"><i>Future fees are subject to annual revision.</i></p>		<p style="text-align: right;"><b>Complete if Known</b></p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Application Number	09/893,177
		Filing Date	June 27, 2001
		First Named Inventor	Michael S. Ripley
		Examiner Name	Ho, Thomas M.
		Art Unit	2134
		Attorney Docket No.	42390P11151
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	<b>1,240.00</b>

**METHOD OF PAYMENT.** (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 50-0221 Deposit Account Name: Intel Corporation


For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) ☒ Credit any overpayments

under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

FEE CALCULATION																																																																																																																																			
<b>1. EXTRA CLAIM FEES</b>																																																																																																																																			
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<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th>Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> <th></th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claim in excess of 5</td> </tr> <tr> <td>1203</td> <td>300</td> <td>2203</td> <td>150</td> <td>Multiple Dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>300</td> <td>2204</td> <td>150</td> <td>*Rule out Independent 4 claims over original patent</td> </tr> <tr> <td>1205</td> <td>300</td> <td>2205</td> <td>150</td> <td>*Rule out claims in excess of 20 and over original patent</td> </tr> </tbody> </table>						Large Entity		Small Entity		Fee Description	Fee Code	Fee (\$)	Fee Code	Fee (\$)		1202	50	2202	25	Claims in excess of 20	1201	200	2201	100	Independent claim in excess of 5	1203	300	2203	150	Multiple Dependent claim, if not paid	1204	300	2204	150	*Rule out Independent 4 claims over original patent	1205	300	2205	150	*Rule out claims in excess of 20 and over original patent																																																																																											
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SUBMITTED BY				Complete (if applicable)	
Name (Print/Type)	Libby H. Hope	Registration No. (Attorney/Agent)	46,774	Telephone	(949) 498-0601
Signature				Date	9-28-05

Based on PTO/SB/17, (12-04) as modified by Blahy, Sokoloff, Taylor & Zaitman (w/12/15/2004).  
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